



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION 6 SITE NUMBER (to be assigned by HQ) TX10189

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW, Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Swift Adhesives and Coatings		B. STREET (or other identifier) 6754 Kirbyville Street	
C. CITY Houston	D. STATE TX	E. ZIP CODE 77033	F. COUNTY NAME Harris
G. OWNER/OPERATOR (if known) 1. NAME Estech Specialty Chemicals Corp. 30 North La Salle St., Suite 4200		Judith Freyman Attorney	2. TELEPHONE NUMBER 312/322-8330
H. TYPE OF OWNERSHIP Chicago, IL 60602 <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION Facility is currently engaged in the production of industrial adhesives and coatings. Facility has been in operation since 1960.			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) CERCLA Notification. SFTXS 1509			K. DATE IDENTIFIED (mo., day, & yr.) 5/28/81
L. PRINCIPAL STATE CONTACT 1. NAME Unknown		2. TELEPHONE NUMBER	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN <i>Shumock Chem Corp</i>		
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: JAN 06 1992 b. WILL BE PERFORMED BY: REORGANIZED <input checked="" type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME Mark Riforgiat 2. TELEPHONE NUMBER 214-742-6601 3. DATE (mo., day, & yr.) 1-19-82		

III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify: Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code: 3479)	
C. AREA OF SITE (in acres) 3 1/2	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) Unknown 2. LONGITUDE (deg.-min.-sec.) Unknown
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify: Adhesive and coating production facility)	

REVIEWED BY (signature) DATE 3-6-82

IV. CHARACTERIZATION OF SITE ACTIVITY			
Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.			
A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

The facility is engaged in the blending of synthetic and naturally occurring raw materials to produce industrial adhesives and coatings. Due to the unknown nature of wastes, handling and storage procedures and local natural conditions, it is recommended that the FIT be tasked to conduct an on-site reconnaissance survey.

V. WASTE RELATED INFORMATION					
A. WASTE TYPE					
<input checked="" type="checkbox"/> 1. UNKNOWN <input type="checkbox"/> 2. LIQUID <input type="checkbox"/> 3. SOLID <input type="checkbox"/> 4. SLUDGE <input type="checkbox"/> 5. GAS					
B. WASTE CHARACTERISTICS					
<input type="checkbox"/> 1. UNKNOWN <input type="checkbox"/> 2. CORROSIVE <input checked="" type="checkbox"/> 3. IGNITABLE <input type="checkbox"/> 4. RADIOACTIVE <input type="checkbox"/> 5. HIGHLY VOLATILE <input checked="" type="checkbox"/> 6. TOXIC <input type="checkbox"/> 7. REACTIVE <input type="checkbox"/> 8. INERT <input type="checkbox"/> 9. FLAMMABLE <input type="checkbox"/> 10. OTHER (specify):					
C. WASTE CATEGORIES					
1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.					
Unknown					
2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.					
a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT Unknown	AMOUNT Unknown	AMOUNT Unknown	AMOUNT Unknown	AMOUNT Unknown	AMOUNT Unknown
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Unknown

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

Search of files at TDWR, Austin by FIT revealed no additional data.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	G. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				Hazard potential unknown

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

Unknown

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

Unknown

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Unknown			

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Unknown			

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.